

CERTIFICATE OF DISSOLUTION OF TRADE NAME

By Individual/Sole Proprietor or Partnership

CERTIFICATE TO BE FILED BY PERSON(S) DISSOLVING A BUSINESS REGISTERED
IN THE COMMONWEALTH OF VIRGINIA UNDER AN ASSUMED OR FICTITIOUS NAME.

I/we _____,

hereby certify that I/we dissolve the business of _____,

(FICTITIOUS TRADE NAME OF BUSINESS)

which was located at _____

(Address)

(City)

(State)

(Zip Code)

My/our Post Office address is: _____

My/our Residence address is: _____

My/our Phone number is: (____) _____ (____) _____

Type of Fictitious Name Recorded: Individual/Sole Proprietor ☐ Partnership ☐

This fictitious name was originally filed in Book # _____, Page # _____, on the _____ day of _____, _____.

****ALL PARTNERS IN THE PARTNERSHIP MUST SIGN THIS DISSOLUTION OF BUSINESS NAME**

(Signature)

(Signature)

Commonwealth of Virginia

County of Fauquier to-wit:

I, the undersigned Deputy Clerk (Notary Public) in and for the Commonwealth and County aforesaid, do hereby certify that

_____, whose name(s) is/are signed to the foregoing and hereunto annexed

Certificate dated the ____ day of _____, _____ has/have this day personally appeared before me and acknowledged the same before me in my office.

Given under my hand this ____ day of _____, _____.

Deputy Clerk (Notary Public)